Conference of the U.S.P.H.S. with the state and territorial health officers

REPORTS OF THE COMMITTEES OF THE FORTY-FIRST ANNUAL CONFERENCE OF THE U. S. PUBLIC HEALTH SERVICE WITH THE STATE AND TERRITORIAL HEALTH OFFICERS

As Adopted by the Conference
March 25, 1943
in Executive Session at
Washington, D. C.

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* This is a Committee of the Association of State and Territorial Health Officers. This Committee's report is included herewith in accordance with a motion passed by the Conference.

Consultants:

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Dr. O. T. Anderson	U. S. Public Health Service
Dr. William F. Snow	U. S. Public Health Service
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REPORT OF THE COMMITTEE ON HEALTH PROGRAMS

Since the beginning of the national defense program, the deficiencies in physical fitness of our young men and women have been one of its most outstanding and discouraging developments. We wish to emphasize that it will remain discouraging so long as we fail to develop a program which will build up and maintain physical fitness in fathers and mothers, in infants and school children, in youths of both sexes, in our productive adult population and in our older people. There are no short cuts to improving the physical fitness of a people. Improvement in this situation can only be had by a carefully planned, long-range program for the purpose of providing: (1) wholesome physical environment, (2) adequate nutrition, (3) modern medical and dental services available to the people in response to their needs, (4) control of communicable disease, (5) elimination of hereditary defects, (6) sound mental hygiene, and (7) effective industrial health procedures.

Many forces, social and economic, as well as medical and scientific, must combine to make such a program possible. While its effect can only be observed and measured with the passing of decades, this affords us no excuse for delay in inaugurating practicable plans which would be acceptable to our people and which would secure their complete understanding and cooperation.

The medical profession of this country, including its public health agencies, has reason to be proud of its accomplishments, which are reflected in our morbidity and mortality rates. As great as these accomplishments have been, however, they afford no excuse for blindness as to our present needs or delay in starting to satisfy them. Experience in preceding years and in former wars should make physicians and health officers realize that in many of our congested industrial and war areas, we are face to face with health hazards of great potentiality. These hazards bear heavily on our minds, in view of our depleted resources in manpower. All States and localities have contributed many of their best qualified physicians, including health officers, engineers, nurses, technicians and educators, to the armed forces. Today, because of this shortage, too many of our health departments have little more than skeletal organizations. Further depletion of trained personnel will be disastrous. All health officers should make every effort to establish the essentiality of each key person in their departments and of each essential physician in their jurisdiction. There is no question that medical care and public health services have justified their existence in peace time. There is even less question that they are doubly necessary in time of war, when both endemic and epidemic diseases threaten the maximal labor productivity which is demanded of all workers. The shortage of trained public health personnel makes it incumbent upon each health officer to begin planning at once to circumvent the public dangers which confront his people. Such planning may be aimed at, (1) recruitment and training of professional personnel for public health work, (2) recruiting and training of lay personnel for sub-professional aides, (3) rearranging health jurisdictions wherever it is possible to improve efficiency and equalize distribution of services, so as to demand less strain on national, State and local budgets, (4) elimination of services when they are merely traditional, (5) distributing personnel in critical areas, especially in extra-cantonment zones and in war industrial areas, including, always, farming areas and food processing industries. Health officers must be confronted with and feel great responsibility about the problem of shortage of practicing physicians in many areas. The Surgeon General of the United States Public Health Service is to be congratulated on having participated with the Procurement and Assignment Service of the War Manpower Commission and the American Medical

Association in developing between these agencies a joint approach to the solution of this problem. State health officers should realize that when this program is activated by the Congress with an appropriation, it will be necessary for them to follow through with official requests to the Surgeon General for personnel to be detailed to those areas where it is evident that need exists. It is feared that the problem of redistribution of physicians and dentists, already important, will become increasingly so. It will probably become so acute as to require far more drastic action than has been felt necessary up to the present time.

The shortage or absence of hospital services in many jurisdictions is rapidly increasing the number of persons requiring home nursing care. It may well be that this will make it necessary for State and local health officers to consider the extension of old, and the establishment of new bedside or visiting nursing services in many communities. The shortage of registered nurses is developing as rapidly as that of physicians, and a visiting nursing service can frequently be handled during such an emergency most economically if the visiting nursing work is a part of the regular public health program and under the general direction of the local health officer.

We view with considerable alarm the announced plans of the armed forces to take over the physically fit outputs of the medical schools of this country in order to assure to the armed forces a continuing flow of young physicians. It is apparent that it is impossible for our people at home to be served over a very long period by the older physicians who have been kept at home. When it is realized that the portion of each graduating class which will be available for the civilian population will replace only one-fourth of those who die or become incapacitated, this procedure becomes one that must receive serious attention from interested civilian and professional groups.

We urge, first, that the matter of assuring adequate medical facilities, supplies and equipment for civilians be immediately surveyed, so that the people may be assured that adequate provision will be made for these needs; and, second, that having in mind the necessary redistribution of population following the war, a study be inaugurated in each State and community as to the needs for, (a) medical, dental, nursing and other professional personnel, (b) facilities for making the services of such personnel of real value to the people they will serve, these service facilities to include additions to existing hospitals, health centers, clinics and offices. In such a survey the medical, dental, and nursing organizations should be fully represented.

In the distribution of physicians, both now and after the war, it is essential that there be agreement as to principles and procedures among the American Medical Association, the Public Health Service, the Children's Bureau and State medical and health organizations. Such an agreement can be brought about by a meeting of minds under the auspices of the Procurement and Assignment Service and the Health and Welfare Committee of the War Manpower Commission. It is the considered judgment of the State and Territorial Health Authorities that adequate scientific medical care and health protection for all the people is a necessity. With statesman-like leadership on the part of those who represent the people, whose needs are involved, and the professions, who are the only ones that can supply these needs, the whole suggestion of regimentation or socialization of medicine can and should be definitely and completely placed in the limbo of utopian and impracticable schemes. The freedom of the American people to choose their own physicians should be safeguarded as one of the essentials of free life.

During the present war emergency, in view of the increasing shortage of physicians, dentists and nurses in the important farming and industrial areas, we approve the principle that the location of physicians within a given governmental unit should be the initial responsibility of the county or township, under the leadership of the county medical society and the local health officer. When these cannot solve their local problem, it should be referred to the State. The State Medical Association, the State Procurement and Assignment Service and the State Health organization should make by joint action every possible endeavor to provide for the necessary relocation. In instances where this is impossible, and we anticipate that there will be an increasing number of them, necessary legislation should be sought, so that the States can call on the Public Health Service for such Federal assistance as may be found imperative. Sometimes the solution will be found by so increasing facilities that they will invite the relocation of physicians. In other instances it will be necessary to provide temporary financial assistance to cover the expenses of the removal and maintenance of the physician, dentist or nurse until he or she becomes self-sustaining. In some critical sections, over varying periods of time, a considerable proportion of all the expenses of medical and health care will necessarily have to be borne by the Federal Government. In certain other instances during the emergency, and we trust they will be rare, the whole medical care and public health program will have to be rendered by officers of the Service during a long enough period, with a sufficiently constructive plan, to enable the population of such localities to resume control of their own health and medical personnel under traditional standards. All investigations and all plans should be made by the Procurement and Assignment Service of the War Manpower Commission, the Public Health Service and the Children's Bureau, representing the Federal Government, and by local, State and national medical organizations, representing the profession, and by county and State health organizations, representing the people.

We wish especially to emphasize the importance of an intensified program for the control of tuberculosis. The plan of providing for custodial care in sanatoria of infectious cases requiring quarantine to prevent the spread of the disease, should be continued. It is of the utmost importance that hospitals for the care of early cases of tuberculosis be provided wherever they are necessary. Confronted by the present demand for manpower, such hospitals, with their necessary personnel, would mean that thousands of our young people can be restored to economic usefulness by prompt treatment which we cannot afford to neglect. In this connection, both the medical profession and the public should bear in mind that procedures for the finding of early minimal cases have been so simplified and perfected and the effectiveness of collapse therapy and other surgical procedures have been so successfully improved that the average treatment period in tuberculosis hospitals has been reduced from approximately two years in 1935, to six months or less at the present time.

Many public and private health services are limited because of shortage of professional personnel. The need for some of these services can be reduced through education of the people in urban and farm homes and within industrial and war plants. Health education, the purpose of which is to secure the participation of an informed and participating public becomes, therefore, the most realistic approach for fulfilling the needs of our people. The impelling motive for sustained health -- patriotism, winning the war, sufficient income for self-support, increased usefulness and productivity -- are present now as never before, and this unusual necessity for and desirability of health education should be planned and carried on intensively at the local level. It must reach everyone in the community, from the poorest to the richest. It must enlist the maximal understanding participation of the individuals who compose a community.

To be successful in health education, more attention should be given:

1. To the employment of personnel skilled in educational techniques and informed of the facts of preventive medicine. Such personnel in local health departments can be secured because personnel capable of performing this task can be found among those not essential to the military forces.

2. To the provision of local health department budgets for the purchase of health education materials.

3. To the integration of health education with the whole plan of public education, through those responsible for primary and higher education.

As programs advance, the need for trained health educators to give leadership in this field will become acute. Health officials should anticipate this need by providing training now to possible leaders.

The paramount importance of a local, State and national nutrition program has been definitely demonstrated. With twenty Federal Agencies having inchoate and duplicating responsibilities for a share in the development of this program, it is recommended that the primary responsibility for its development be placed in the Department of Agriculture. There are already a farm agent and a home economic expert in almost every county. Under the existing confusion at the Federal level, they are compelled to spend so much of their time conferring with each other and somebody else that the results of the really great knowledge they have too rarely gets into the pots and pans, or on the tables or in the mouths of the people. All State health departments should have those specially qualified in the medical aspect of this problem to consult with and sometimes irritate out of their routine those who should be made solely responsible for an adequate feeding program for the nation. We have an abundance of food. We can multiply this abundance indefinitely, but nothing will be accomplished unless this food is distributed so that the people have access to it and are taught how to select, cook and serve those things necessary for the preservation of healthy life.

The war has brought into bold relief the paramount importance of industrial hygiene. In the development of a health program for each State, we recommend that careful consideration should be given to the following recommendations:

The Industrial Hygiene Bureau should survey and evaluate industrial health hazards in all plants.

Potential exposures to toxic materials should be analyzed quantitatively to determine actual risk to the health workers.

Engineering services should be extended to all plants having hazards in order to secure control.

Physicians should be stimulated to report all occupational diseases in order that investigation of the working environment may be made and corrective measures taken.

The Bureau should sponsor more and better plant medical departments and augmented nursing service within industry.

The Bureau should make available, through cooperation with other agencies, under-graduate and post-graduate study of industrial medicine.

It should work in the closest harmony and spirit of cooperation with the committees on industrial health of the national, State and county medical societies.

It should study occupational disease incidence and medical absenteeism recording and reporting and be able to make recommendations to industrial management.

The Bureau should be available at all times for consultative service to private physicians on occupational diseases.

It should sponsor industrial programs on nutrition, venereal disease, dental services and the rehabilitation of sick or injured workmen.

Special plant studies should be made on sanitation, illumination, heat and humidity, noise, shock and other causes of fatigue and recommendations made to management.

A continuous and never-ending educational program should be inaugurated to labor, to management and to the public to correct bad health, preserve good health and maintain industrial production, happiness and good will.

From the address of Dr. G. W. Cox, the distinguished State Health Officer of Texas, on Environmental Sanitation, we make the following additions to the public health program:

Since this Nation will probably be confronted with a serious, post-war unemployment and health problem, it appears most highly desirable that we now plan a definite health program along environmental lines so fundamentally sound and attractive that it will be acceptable to individuals, communities, States, and the Nation as a whole. Therefore, in conclusion, the writer would like to recommend that plans and estimates be prepared now, which can be utilized the moment labor supply becomes available and before the health problems become acute. These plans and estimates should cover at least in part the following projects:

1. Local health centers with laboratory and equipment to house local health personnel, so as to enable sanitation forces to function at their maximum efficiency.

2. Plans for water supplies and treatment where needed.

3. Sewerage system and treatment works where needed.

4. Municipal or cooperative abattoirs.

5. Minicipal or cooperative oyster shucking and shellfish packing establishments.

6. Municipal or cooperative canning or food processing plants.

7. The recruitment and training of more sanitation personnel, to carry forward sanitary work not only at home, but in our sister republics to the South, and in occupied countries, (as a matter of fact, on a world-wide basis).

8. The planning of drainage systems where such drainage will minimize the mosquito-borne disease problem.

9. The planning of a mutual aid program in rodent control in rat-stoppage of buildings.

10. The planning of a cooperative program on garbage disposal.

11. The planning for the elimination of slum areas and making available adequate housing for the population.

12. The planning of a program which will provide adequate lighting, heating, and ventilation facilities in public buildings but more especially in our schools.

13. An advisory program that would be helpful to industries in the elimination of industrial hazards.

14. Promulgate plans which will insure our farm population safe living conditions patterned somewhat after the Farm Security Administration program which provided aid in the correction of farm water supplies, waste disposal systems, screening and the like.

15. Setting up short training schools for food handlers, water and sewage plant operators as well as swimming pool operators, operators of food processing plants such as pasteurization plants and hygienists for industrial plants.

16. The initiation of immediate steps toward securing an appropriation to the Public Health Service of necessary funds, in lieu of Lanham Act funds, to inaugurate and carry out a direct emergency program of community sanitation, as has already been done in the case of malaria control.

From the address of the President, Dr. Carl V. Reynolds, the State Health Officer of North Carolina, we recommend for the consideration of the United States Public Health Service and of each State health department the following suggestions in regard to mental health:

The incidence of mental illness constitutes a challenge which should stimulate us to better and wider application of our increased and increasing knowledge in this field. Psychiatry has now developed to the point where manifestations of mental disturbance can be detected in their incipiency and so treated as to prevent the condition from becoming permanent. We are devoting too much effort to custodial care and too little to preventive measures.

Psychosis, in its broad interpretation, is a serious menace to our economic and social order. Inmates of our mental hospitals -- State, Federal, local, and private -- aggregate more than half a million. In 1940, first admissions to these hospitals totaled upwards of 100,000 and these admissions are increasing year by year.

Our immediate approach to the problem should be to treat, first, patients without psychoses, mental deficiency, alcoholism, drug addiction and personality disorders, and, then, those with psychoses, general paresis, etc. Solution of the problem demands sound organization, functioning intelligently and conscientiously.

To this end, the following recommendations are offered:

1. Community surveys of the prevalence of psychotics, the surveys to include study of all hospital records in the community selected.

2. Community psychiatric service, through mental hygiene clinics, throughout the country. Early diagnosis is the key to success. The patient's environment is the rational place to start correctional measures.

3. Rehabilitation of psychotics, with and without psychoses, with emphasis on those without psychoses.

4. Elimination of the overlapping of agencies in the mental, social and physical fields. Medical agencies should direct, with the social and physical agencies cooperating under medical direction.

5. Better distribution of environmental, social and medical care, with individual attention to the psychotics.

6. More attention to etiology and prevention and less to custodial care and cure.

Dr. A. T. McCormack moved the adoption of the report. The motion was seconded by Dr. Stanley H. Osborn, and was unanimously passed.

REPORT OF THE COMMITTEE ON FEDERAL-STATE RELATIONS AND ALLOCATION OF FEDERAL FUNDS

Your Committee on Federal-State Relations and Allocation of Federal Funds met with the consultants to the committee designated by Surgeon General Parran and considered in addition to six questions presented by the Public Health Service which were brought up by the committee members.

This report will first deal with the questions raised by the Service and the ancillary questions raised in the course of discussion. These questions and certain other subjects were submitted to the members in advance of the meeting and replies were received from all but one of them.

The answer to the first and second questions was that the emergency health and sanitation program meets only in part the needs of the States through supplying professional personnel for war areas. This is due principally to insufficency in the number of personnel provided and in some measure to insufficient training, experience, and adaptability of some of those assigned. It is recognized that the latter shortcoming is an inescapable effect of the demand of the armed forces for physicians, sanitary engineers, and nurses; the pressure for immediate service in the affected areas; and the limited field from which selections can be made. The insufficiency arises from the small appropriation granted for this service by the Congress. This is remediable and the committee recommends that the appropriation be increased from $2,000,000 to $4,000,000.

The Public Health Service is of the opinion that it would not be possible to obtain at this time more personnel than could be provided with the latter sum. Some 800 persons in all grades have been employed during the existence of the emergency health and sanitation program for varying periods of time. The number at present is approximately 500 and it is believed that 600 additional could be found were funds available.

The committee believes it would be unwise to advocate an appropriation beyond the ability of the Public Health Service or the States individually to spend wisely. It believes that a severe lowering of standards of professional personnel is implicit in an effort to spend funds merely because they may be available, that the benefits to the public from such spending would not be commensurate, and that it might serve to discredit rather than enhance the public estimate of the health department. The mobility of the emergency health and sanitation personnel, while annoying at times to the State that loses a competent worker through transfer, is in reality one of its merits. Shifting populations mean shifting problems, and mobility of personnel to deal with them appears to be the best answer under existing circumstances.

The committee has been instructed, however, by the State and Territorial Health Officers Association to recommend that a small committee of the Association arrange to meet with the Surgeon General to explore further the possibility of inducting into the Public Health Service personnel employed by State health departments and reassigning them to the States from which they came. The Association realizes that this is not a new matter, but it wishes a clearer understanding of the legal obstructions to, or the administrative undesirability of, such procedure.

There was little diversity of opinion in the committee as to the desirability of retaining the district officer system of the Public Health Service. None felt that the assignment of officers to individual States was a

desirable alternative. The only criticism of the district offices related to the delay in the transmission of communications to the central office of the Service. Only one member voiced this criticism. If this feeling is more general, the fact should be made known while the Association is assembled, and the Surgeon General should be asked to explore means of correcting it. Speaking for my own State, the district office expedites decisions rather than retards them.

Two of the ten members of the committee did not believe that the Public Health Service could facilitate relations with other Federal agencies such as the Public Housing Authority, the Farm Security Administration, and others involving the field of public health. The discussion indicated that in certain instances the district office had no advance information of projects and in others had failed to submit or see that there were submitted to the State health officers the plans or general layouts for proposed hospital construction. It appears that there are States in which the health department is responsible for the construction details of hospitals accepting maternity cases. There may be other States with more extensive responsibilities.

It should be pointed out that although the Public Health Service is consulted and must approve the details of construction of hospitals financed entirely with Federal funds, it does not have this obligation or opportunity in respect to those partially paid for by the applicant. The committee was unanimously of the opinion that the Public Health Service should approve all such hospital plans regardless of local contributions and that where the State health department has any obligation in this respect the district office should obtain its comment before approval is given.

The lack of uniformity in State laws and regulations, ranging from such a traditional matter as communicable disease control to recently enacted pre-marital examination laws, seems to call for more serious consideration by State health officers individually and by this assemblage than it has thus far received. The progress in reconciling laws and regulations with scientific knowledge has not been too encouraging. The reconciling of technical knowledge of details with public economy and economy of administration is an almost unexplored desert. It is believed that this is a field which must be given attention by the State health officers themselves; that it is not a matter which can be delegated. It is therefore suggested that the Public Health Service is requested to assemble the laws and regulations of the States and Territories preliminary to a critical appraisal of their value and suitability as measures for the protection and promotion of public health.

The committee is advised that no change is contemplated in the current formula for the allotment of Federal funds either those administered by the Public Health Service or the Children's Bureau. There is a widespread feeling that the authorization of funds under title VI of the Social Security Act should be greatly increased and that the annual appropriation should be increased accordingly. The broad purposes for which these monies may be used under the law comprise practically every field of public health.

The difficulties which appear to exist in obtaining an increase in the authorization allowed under title VI indicate a failure by the public as represented by the Congress to appreciate that every appropriation for a specific purpose demands a competent, basic staff to make it effective. Each activity constitutes a certain drain on this staff; except by approximation it is impossible to determine the fraction of time devoted by a generalized staff to a

specific activity. While the Children's Bureau and the Public Health Service have both been most understanding in this matter and have attempted to allocate funds for specialized personnel in accordance with the proportion of the specialized work to the total work of the department, the situation has not been entirely satisfactory. Furthermore, allocations which are made on the basis of estimated needs are necessarily more rigidly fixed than is desirable and cannot be changed in accordance with the varying needs developed throughout a fiscal year.

This basic staff has been seriously depleted by the demands of the armed services. Many were already in the Reserve Corps of the Army or Navy and others have been impelled to volunteer despite the evident need for their services in their civilian positions.

The committee is strongly of the opinion that increases in allotments to the several States should be made in accordance with the principles laid down in title VI, and that the Congress should be aware that despite the unexpended balances shown at the end of each fiscal year the basic authorization is still inadequate, since a continuing program cannot be built upon such uncertain return. The basic staff, if it is to be competently led and implemented, requires individuals who are in a career service; such persons will not be attracted by uncertain tenures. The development of these underlying principles of public health administration calls for a more complete expression than is possible in a brief committee report. It is hoped that within the ensuing year a paper adequately presenting this subject will appear in professional and possibly in lay publications.

(Dr. E. S. Godfrey moved the adoption of the report. The motion was seconded by Dr. A. T. McCormack)

Dr. William M. McKay offered the following amendment: "That the report include an expression of appreciation to the Public Health Service for the services rendered to the States by the emergency health and sanitation personnel." The amendment was seconded by Dr. A. T. McCormack and was passed by the Conference.

Thus amended, the report was unanimously adopted by the Conference.

REPORT OF JOINT COMMITTEE ON BUSINESS MANAGEMENT

1. Because of the questions raised as a result of the creation of a joint committee, there is some question as to jurisdiction of items coming before the various committees, so our first recommendation is that the Executive Committee of the Association and representatives of the Surgeon General's Conference define more clearly and specifically the matters to be considered by the various committees in the future.

2. This recommendation, based upon requests from certain States concerning methods of allocation of funds within the States, is as follows: We felt that this was not a responsibility which the committee could assume because of the many and varying problems within the various States. Our recommendation is that each State set up its own criteria and plan for the allocation of funds within its own political jurisdiction, and that the Committee on Business Management procure and make available to all State health officers the general allocation plans, including enabling legislation (that is, merely Code references) now in effect in all States. Details of any particular State plan or plans should then be cleared directly by the State health officers concerned.

3. That unremitting effort be made for further simplification of budgets, record and report forms, accounting procedures, and for the elimination of all possible details in budget forms, budget amendments, financial and activities reports. It is the belief of the committee and the consultants that further liberalization of budgetary procedures and activities reporting can be effected, and that the liberalization of present requirements by the elimination of all minor and perhaps some major details would prove advantageous to all.

The committee also recommends creation of a subcommittee of five accounting consultants selected from the accounting staffs of State health departments, to be appointed by the chairman after consultation with the Surgeon General of the United States Public Health Service and the Director of the United States Children's Bureau. This subcommittee should serve as an advisory group to the Committee on Business Management on budgetary and related matters. Formation of such a subcommittee is strongly urged, and immediate action is required if the subcommittee is to serve effectively during the coming fiscal year.

4. That the Surgeon General of the United States Public Health Service and the Director of the United States Children's Bureau plan joint regional meetings throughout the United States at which representatives of their respective organizations may meet with the accountants and other persons designated by individual State health officers for the purpose of discussing the details of fiscal procedures and problems of all concerned in cooperative programs.

5. That the joint budget forms previously recommended by the committee and now being tried out on a voluntary basis in five States be continued on an experimental and voluntary basis unless there is a specific objection from a particular State, or unless further study reveals the desirability of discontinuing the form in any State or States.

I might add that there has been some misunderstanding regarding the use of these joint budget forms during the past year. They were recommended by the committee; they were accepted for use in selected States on a strictly voluntary

basis, and the committee would like to emphasize that they were not utilized in any particular State, either directly or indirectly, as a result of any request by either the Public Health Service or the Children's Bureau.

In brief, your committee is of the opinion that the best policy for the future is to attempt no major, and few minor, changes in fiscal or activities-reporting policies. This applies also to any and all special or new activities reports, except where it can be conclusively shown beforehand that the net result will be less clerical and related work to all, or that the public welfare requires the change and will be benefited by it.

The report is respectfully submitted by the Committee on Business Administration.

Dr. W. C. Williams moved the adoption of the report. The motion was seconded by Dr. A. T. McCormack, and was unanimously passed.

REPORT OF THE COMMITTEE ON PERSONNEL

The growing scarcity of sanitary engineers was the first problem to come before the committee. It was pointed out by representatives of the sanitary engineers that the pressing need for trained engineers by the Army for malaria control, et cetera, was causing a rapid dwindling of the supply for civilian needs to the point of creating an emergency. The War Manpower Commission has set up a Procurement and Assignment Service for sanitary engineers that is expected to be in operation shortly. In the meantime studies are being made to determine reserves available to meet future needs. Attention was called to need on the part of the armed forces within a few months for all males between the ages of 18 and 38. This includes sanitary engineers in that age group, hence prompt training of replacements is necessary. It will also be necessary for State departments of health to get along with as few engineers as possible by cutting down or eliminating services which can be neglected for the duration. In one State stream pollution work is considered in that category.

Older men will need to be trained immediately to replace those under 38. The committee considers it necessary for the Federal government to finance a training program for this purpose, since the States individually lack funds and facilities to do the job.

Merit Systems

Following discussion as to the difference in deadline dates after which employees wishing to qualify under a recently established merit system are required to take examinations and come under merit system plans outlined by the two Federal services, it was voted that the two agencies be requested to get together on a common requirement. The creation of emergency classifications for the duration of the war, as an effective means of protecting departments from being loaded with underqualified personnel employed during the emergency as replacements for those on leave in the armed forces, was suggested by the consultants. After the war these emergency classifications could be eliminated as a group so that the department will not have to discharge individual workers employed for the duration of the war. The committee, however, recommends emergency appointments for the duration of the war.

The committee felt that there was still need for closer collaboration and agreement between the Public Health Service and the Children's Bureau in the matter of setting up classifications.

Stipends

The committee concurred in the recommendation by the Public Health Service that its training policies be amended to provide that, "Maximum monthly stipends at a rate of $100 per month will be approved for individuals whose annual salaries are $1,600 or less before this training begins, and, for individuals with annual salaries or professional fee incomes of more than $1,600 annually, stipends at a rate equal to 75 percent of the monthly salaries or income before training, will be approved up to a maximum of $200 per month."

It also approves the amendment to Section IV of the training policies (Allowances for stipend, tuition, and travel) creating subsection "D" to be

entitled "Subsistence During Short Periods of Training," providing that, "When a trainee is required to leave his established headquarters an allowance for per diem in lieu of subsistence, in accordance with State laws and recommendations, would be allowed for accredited field training and non-accredited field practice, periods not to exceed six (6) weeks."

It also approves the provision amending Section I, paragraph 3, permitting the employment of "unskilled workers and laborers including: (a) janitors, (b) elevator operators, (c) similar unskilled groups" without regard to merit system requirements unless prohibited by laws now in existence.

The proposals submitted by the Public Health Service consultants with regard to setting up five new classifications for physicians, four for sanitary engineers, one for a chief accounting officer, and one for a nutrition consultant, were recommended for further study before approval. It was suggested that copies be submitted to the State health officers for consideration.

Training

Trainees in schools of public health numbered 548 for the year 1943 according to information made available by the consultants. Of these, 53 were physicians, 300 nurses, 122 sanitarians, and 73 were "others." There is at present no indication that training schools will need to close. Some States are sending more trainees this year than last.

The Public Health Service stands ready to assist States in setting up training programs resembling the orientation courses being conducted on a Federal level by the Service. State programs of this type are under way in North Carolina and Tennessee.

Approval of Merit Systems

The committee discussed at length the matter of non-approval by a Federal agency of merit systems or civil service laws established in a State by action of its legislature. It was felt that a Federal authority should be required to recognize as satisfactory under the section of the Social Security Act requiring "such methods of administration as are satisfactory" the personnel and other standards established by duly constituted State legislative authority.

Dr. William B. Grayson moved the adoption of the report. The motion was seconded by Dr. E. S. Godfrey.

There was considerable discussion relative to the stipend provision for trainees. A committee headed by Dr. E. S. Godfrey withdrew and returned with the following amendment to this provision: "That the following words be added to the first paragraph in the section dealing with trainee stipends: 'except that the 75 percent limitation shall not apply where State civil service or budgetary regulations provide otherwise for prestipend training salaries.'" This amendment was seconded by Dr. James A. Hayne and was adopted.

Thus amended, the report as a whole was unanimously adopted.

REPORT OF THE COMMITTEE ON INTERSTATE AND FOREIGN QUARANTINE*

Psittacosis:

The committee recommends that the U. S. Public Health Service prepare rules and regulations suitable for adoption by the States for the control of interstate shipment of psittacine birds.

Aedes aegypti Mosquito Control:

In order to minimize the danger of the spread of yellow fever into the United States, it is the concensus of the committee that all health organizations of national, State, and local jurisdiction provide active measures for the control of the Aedes aegypti mosquito.

Tularemia:

Health officers should provide the U. S. Public Health Service with more specific information concerning the interstate shipment of dressed or undressed rabbits in order that more adequate laws and regulations may be prepared.

Surveillance of Air Travelers:

"All persons originating or having traveled in areas where yellow fever may be present1/ are required to present a sanitary certificate of origin to the quarantine officer. This certificate indicates the whereabouts of the traveler for 6 days prior to departure. From this and a personal questioning, the quarantine officer can determine whether or not the person could have been exposed to yellow fever infection. The incubation period is projected 6 days from the time of **last** possible contact, and the health officer of the locality where the passenger is destined is notified of the pertinent facts and requested to keep the person under observation until the indicated incubation period has elapsed. A copy of all communications of this type is routinely supplied the State health officer of the area involved. The request to the local health officer is dispatched by telegram, air mail, or letter, as circumstances indicate. The local health officer is requested to telegraph at Government expense, collect, in the event an undiagnosed fever should develop in the traveler."

Ratproofing and Sanitation of Ships:

During the present year (1943) it is estimated that the Public Health Service will perform ratproofing inspection work on approximately 3,000 vessels under construction in approximately 60 shipyards scattered on the Atlantic, Gulf,

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*This report was not read to the Conference but was submitted for inclusion in the record.

1/ For administrative purposes, we consider it possible to contract yellow fever in the South American Continent between 13° north and 30° south latitude, and in Africa between 16° north and 8° south latitude.

and Pacific Coasts, the Great Lakes, and inland rivers. The Maritime Commission requires the Public Health Service certificate of ship ratproofing and sanitary inspection of all vessels constructed under that Commission. This work is very easy to promote, as ratproof construction reduces the actual cost, and there is a material reduction in the amount of steel used. In the past 5 years, no vessel with approved ratproof construction has been required to undergo fumigation. Freedom from fumigation results not only in a further large saving of money, but also, what is more important at present, of time in port.

Great emphasis is being placed upon improved sanitary conditions on shipboard, including even cockroach-proof construction of galleys and other areas where infestation commonly develops.

Interstate Quarantine:

The committee recommends that the U. S. Public Health Service revise the present interstate quarantine regulations and bring them up to date. A new basic interstate quarantine law to define more clearly the lines of Federal authority and action on such matters might be desirable.

Housing:

The expansion of Federal housing programs in military and defense industry areas is creating urgent health and sanitation problems for State and local health authorities as population shifts occur. Hospital and medical care, water supply, sanitation, refuse disposal, and other environmental sanitation facilities will need to be developed and controlled for the new communities created by housing developments. Methods for supplying such health and sanitation services are being developed by the Public Health Service in cooperation with State and local health departments and the Federal housing agencies.

Malaria, Typhus, Plague:

Control of these infectious diseases in war areas had been assigned to the Public Health Service. Because of the urgency of adequate control measures in extended areas, emergency funds have been made available for direct field activities. Such programs are in operation with the assistance of the State and local health authorities under the jurisdiction of Service organizations developed for these specific purposes. Federal funds have been provided for complete field activities. These operations should be continued with the active participation of State and local health agencies.

Roach and Rat Poisons:

It is recommended that the Public Health Service continue its cooperation with the Food and Drug Administration and the Agricultural Marketing Administration with a view to the amendment of the Federal Insecticide Act, which is now administered by the Agricultural Marketing Administration, in order to avoid recurrences of accidental poisoning such as that which occurred at the Oregon

State Hospital for the Insane in November 1942. Federal action in interstate shipments is not enough, however, as the fluoride responsible for the Oregon tragedy was manufactured within the State. It is further recommended that State and Territorial health officers obtain similar legislation in their respective States.

Dr. William M. McKay presented the following motion: "That inasmuch as our hands are tied as State health officers because of the interstate nature of the problem, the Public Health Service be urged at this time either to activate present regulations concerning water supplies and watering practices on interstate carriers or, if necessary, to institute new regulations requiring more adequate protection of the water which is placed in the tanks of trains, not only in the passenger stations but more especially in the yards." The motion was seconded by Dr. R. H. Markwith, and was unanimously carried.

REPORT OF THE COMMITTEE ON VITAL STATISTICS OF THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS

At the request of Dr. William B. Grayson, Dr. Robert H. Riley gave an extemporaneous account of the report of the Committee on Vital Statistics of the Association of State and Territorial Health Officers as presented to that body by its secretary at the meeting held the previous day. Dr. Riley's remarks follow:

We had an excellent Acting Secretary and Chairman of this Committee on Vital Statistics, who made a very complete report of every step that was taken in this matter on the first day of this Conference, and who then promptly got sick and went home, and so far as I know the records have gone with him. So I must trust to memory to reproduce for you just what took place.

You are all familiar with the fine report of Dr. Reed on vital records, Dr. Lowell Reed of The Johns Hopkins School of Hygiene and Public Health. The recommendations in that report were taken, and a bill was prepared and presented to a sub-committee of the House, the Chairman of a sub-committee of the House handling Census Bureau matters. That bill took care of the sovereignty of the States; it kept the records where they are now and where they belong, so that health departments would have the first use of them, and then it provided for a coordinating and over-all division or bureau in some Federal agency. It was so drawn that this bureau would have autonomy, and it would be left in the Census Bureau for the time being, as we understood it would be difficult to place it elsewhere.

That matter, then, was reported to various people interested in the matter. We naturally went to Mr. Capt, who is director of the Census Bureau, and explained it to him, and we seemed to have his approval. We told him that we wanted this bureau to have some authority and standing, so that it could be approached by the health officers and made use of.

Then we went to Mr. Wayne Taylor, Assistant Director of the Commerce Department, who was really enthusiastic about the plan. After that, some place along the way, we went to see a Mr. Sullivan, of The American Legion, who has expressed great interest in some kind of vital statistics law, and who I understood had planned to introduce into this Congress some bill dealing with the matter of vital statistics and vital records. He waited to hear what we had accomplished and made no comment.

Then we went to Mr. Allen, who is Chairman of the Congressional Committee handling Census Bureau matters. We presented it to him, and he assured us that he was a State's rights man, but he expressed doubt that the States would be able to give him a birth certificate. He said that up to this time they had not been able to do so, and he doubted very much if many of his constituents could be satisfied by the State health departments under the present system. So he was rather inclined toward Federal direction.

Since we have been in Washington we have learned that the bill was not introduced, but was referred back to Mr. Capt, who made some changes which are objectionable to our committee. These changes would leave this work up to a division in the Bureau of the Census, as it is now. Then, of course, they expect the support of the State health officers in raising $150,000,000 to do the thing that is being done now, which we do not think is sufficient, and which I do not believe Dr. Reed regards as sufficient.

So our committee, after hearing this discussion and after having heard from Dr. Reed, is still of the opinion that this is a matter that should be placed under the direction of the Public Health Service, or rather, a bureau in the Public Health Service. Some member of the bureau in the Public Health Service should be assigned to direct this activity.

We arrived at that decision because of the present arrangement. At this time I understand $500,000 a year is being appropriated or allotted to the States for this work in the various State health departments, and naturally the Federal Government, the Public Health Service of the Federal Government, has a direct interest in this health work. It must get trends, it must formulate its program very largely from statistics that are to be furnished by various State health departments, and we think, quite logically, that this activity should be carried out by a bureau in the Public Health Service.

It was made very clear to the committee on Monday by Dr. Reed that there are some matters besides vital statistics to be dealt with. The registration would probably come under this. It is to be a bureau of vital records and not of vital statistics. But we think the Public Health Service is probably better prepared to take this over than any other Federal agency at the moment, because of its interest, and we see no reason why it should not do those additional things that will in time be required. Maybe some of those things will be brought out in discussion.

So I made substantially this statement yesterday, and the State health officers voted to continue the present Committee on Vital Statistics, which consists of Dr. Godfrey, Dr. Mahaffey, Dr. Riggin, Dr. Ruhland, and myself. We are given authority to go ahead and redraft the bill and consult such authorities as are necessary and take such steps as are necessary toward the introduction of a bill.

Dr. A. T. McCormack moved that Dr. Riley's report be approved by the Conference and that it be made a part of the Conference record. The motion was seconded by Dr. Carl V. Reynolds and was unanimously carried.

REPORT OF THE COMMITTEE ON VENEREAL DISEASE CONTROL

The report of the committee was submitted in two sections.

Section I - Premarital examination laws. One of the most serious difficulties encountered in the administration of State laws requiring premarital examinations of those seeking marriage licenses is the large number of persons living in one State and desiring to be married in another. Since the beginning of mobilization and the war this problem has become even more acute.

It is also highly desirable to encourage the enactment of efficient legislation relating to premarital tests for the control of syphilis. Often State legislatures are impelled by public opinion to take hasty action which results in the passage of undesirable laws.

Consequently the members of the Conference of State and Territorial Health Officers approve the adoption of a uniform law requiring premarital examinations for the control of syphilis and endorse in principle the law as recommended by the American Social Hygiene Association and published in the Journal of Social Hygiene for November 1938, Volume 24, No. 8, page 477.

It is further recommended that reciprocity be extended between the several States to facilitate the marriage of non-resident persons who comply with the equivalent provisions of the law of their own States.

The recommended law, as published in the Journal of Social Hygiene follows:

A Suggested Form of a State Premarital Examination Law

Section I: It shall be necessary for all persons intending to be married to obtain a marriage license from the (here insert the name of the person or persons authorized under the law of the State in question to issue such licenses) and to deliver said license, within sixty days from the date of issue, to the clergyman or other qualified person who is to officiate before the marriage can be performed.

Section II: Before any person, authorized by law to issue marriage licenses, shall accept an application for any such license each applicant therefor shall file with him a certificate from a duly licensed physician stating that such applicant has been given such examination including a standard serological test, as may be necessary for the discovery of syphilis, made not more than thirty days prior to the date of such application, and that, in the opinion of the physician, the person therein named either is not infected with syphilis or, if so infected, is not in a stage of that disease which is or may become communicable to the marital partner.

Section III: Because of an emergency or other cause shown by affidavit or other proof, a judge of the (name of proper) court, if satisfied by medical and/or other testimony that neither the health of the individuals nor the public health and welfare will be injuriously affected thereby, may make an order, on joint application of both of the parties desiring the marriage license, dispensing with those requirements of Sections II and IV which relate to the filing with the licensing authority by either or both of the parties of the physicians' certificates and the laboratory statements or, the said certificates and statements

having been filed, extending the thirty day period following the examination and test to not later than ninety days after such examination and test. The order shall be accompanied by a memorandum in writing from the judge, reciting his reasons for granting the order. Application for such extension may be made before, on or after the expiration of such thirty-day period. The order and the accompanying memorandum shall be filed with the licensing authority and the latter shall thereupon accept the application for the marriage license without the production or filing of the physicians' certificates and the laboratory statements dispensed with by the order, or shall accept the application within any such extended period, as the case may be. The licensing authority and his clerks and employees shall hold such memorandum of the judge in absolute confidence.

Section IV: Each physician's statement shall be accompanied by a statement from the person in charge of the laboratory making the test, or from some other person authorized to make such statement, setting forth the name of the test, the date it was completed and the name and address of the person whose blood was tested, but not stating the result of the test. The physician's statement and the laboratory statement shall be on the same form sheet. Upon a separate form a detailed report of the laboratory test, showing the result of the test, shall be transmitted by the laboratory to the physician who, after examining it and if he deems it desirable, discussing it with either or both the proposed marital partners, shall file it with the state (or local) health officer, where it shall be held in absolute confidence and shall not be open to public inspection; provided that it shall be produced for evidence at a trial or proceeding in a court of competent jurisdiction, involving issues in which it may be material and relevant, on an order of a justice or a judge of such court requiring its production.

Section V: A standard serological test shall be a laboratory test for syphilis approved by the state commissioner of health and shall be performed by the state department of health, on request, free of charge or at a laboratory approved for this purpose by the state department of health.

Section VI: Nothing in this act shall impair or affect existing laws, rules, regulations or codes made by authority of law, relative to the reporting by physicians and others of cases of syphilis discovered by them.

Section VII: Marriage licenses shall be issued to all applicants who have complied with the provisions of this act and who are otherwise entitled under the laws of (name of the state) to apply therefor and to contract matrimony.

Every such license, when issued, shall have endorsed thereon or annexed thereto at the end thereof, a statement, subscribed by the person issuing the license, that the application for the license was accompanied by papers complying with the applicable requirements of Sections II and IV of this act relative to examination and health of the parties or, if such compliance was dispensed with, wholly or partly, by order of a judge, a statement to that effect.

The license issued, including the above statement and the certificate duly signed by the person who shall have solemnized the marriage therein authorized, shall be returned by him to the licensing authority who issued the same within five days succeeding the date of the solemnizing of the marriage therein authorized, and any person or persons who shall wilfully neglect to make such return within the time above required shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not less than ..... dollars or more than ..... dollars for each and every offense.

Section VIII: Any applicant for a marriage license, any physician or any representative of a laboratory who shall misrepresent any of the facts called for by the physician's statement and the laboratory report or statement, or any licensing officer who shall accept an application for a license without the accompanying physician's statement and laboratory report, as required in Sections II and IV hereof, unless the same shall have been dispensed with by judicial order as provided in Section III, or who shall have reason to believe that any of the facts contained in said statement or report have been misrepresented and shall nevertheless issue a marriage license, or any health officer or his employee who shall not hold the laboratory record confidential, except as provided in Section IV hereof with respect to its production for evidence on order of a judge, or any officer, clerk or employee of the office issuing the license who shall not hold in strictest confidence the statement filed with him as to the reasons for granting a judicial order, as provided under Section III hereof, shall be guilty of a misdemeanor and punishable accordingly.

Section IX: The sum of ..... dollars ($.....), or so much thereof as may be necessary, is hereby appropriated out of any moneys in the state treasury to the state department of health, to cover additional clerical, printing, laboratory and other expenses in carrying out the provisions of this act.

Section X: This act shall take effect on (a day specified at least three months after its passage).

Dr. Carl V. Reynolds moved the adoption of this section of the report. The motion was seconded by Dr. Frank J. Hill and was unanimously carried.

Section II - Venereal Disease Control Programs in Industry. The members of the Conference of State and Territorial Health Officers approve the "Recommendations to State and Local Health Departments for a Venereal Disease Control Program in Industry" made by the Advisory Committee to the Public Health Service and published in the Journal of the American Medical Association, November 14, 1942, Vol. 120, pp. 828-831.

The measures described in this Advisory Committee's report will implement the general venereal disease control program that is being carried on by State and Local Health Departments. Further, recognition is given to the need for this program since some industries have adopted venereal disease control measures and have established policies which discriminate against the employment of persons with a venereal disease, and such measures have and will continue to affect adversely State and/or local venereal disease control programs.

The article in the Journal of the American Medical Association, to which reference is made above, follows:

Reprinted from The Journal of the American Medical Association
November 14, 1942, Vol. 120, pp. 828-831

RECOMMENDATIONS TO STATE AND LOCAL HEALTH DEPARTMENTS

For A Venereal Disease Control Program In Industry

Advisory Committee on the Control of Venereal Diseases

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Because it is axiomatic that the venereal diseases must be attacked wherever they exist, the provision of adequate control measures for these diseases in industry is important. Thus far, however, only scattered attempts at establishing such control have been made. Present control activities are restricted largely to a general program. They do not aim at specific population groups. Industry represents a great number of special population groups--a total labor force of fifty-three million men and women, 14 years of age or older, in communities throughout the country.

A venereal disease control program carried directly to the public will provide for a large percentage of workers. But it will not reach them all, nor is there assurance that patients will remain under treatment. If, however, the general program is implemented by control measures in industry, two benefits will

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Report of the Advisory Committee on the Control of Venereal Diseases in Industry to the United States Public Health Service, Aug. 10, 1942.

accrue: The total number of patients brought under treatment will be increased and the treatment will be more effective because the employers may properly require that employees remain under treatment until "cured" as a condition of continued employment.

In its broadest outlines, a venereal disease control program in industry involves cooperation between four groups: the employer, the employee, the medical profession and the state and/or local health departments. The employer is interested in the health and well-being of his employees, the employee in the efficient performance of his job, the medical profession in furnishing diagnostic and treatment facilities for those workers who require medical care, and the public health department in providing certain fundamental facilities which have been developed for the general venereal disease control program and which may be employed to advantage in the program in industry.

Venereal diseases are costly to the employer. The extent of these costs is unknown, but there is sufficient evidence to indicate that they are sizable enough to justify vigorous action. From the standpoint of the employer's liability, sickness and injuries chargeable to the venereal diseases contribute their proportionate share to the loss of time in production as well as the loss of money through compensation payments.

Venereal diseases are no less costly to the worker. He lives by his skill, and he is paid for the time he spends applying that skill. Untreated venereal disease keeps him away from work, impairs his skill, shortens his life. It is in his interests to avail himself of the advantages of venereal disease control measures.

Workers in many plants are provided with a full- or part-time medical service. The addition of venereal disease control measures would be a logical extension of the medical program. Syphilis and gonorrhea are two diseases for which medical science has developed satisfactory diagnostic, therapeutic and control procedures.

The health of the American worker has assumed a new public significance. Five years ago industrial health was the concern of health departments in seventeen states, whereas today more than three-fourths of the states are engaged in rendering health services to industry. Never before has the importance of activities for maintaining the physical fitness of the worker so closely paralleled the importance of production itself.

Policies regarding the employment of persons infected with venereal disease differ widely. In some instances in which blood testing has uncovered a number of venereal infections, short sighted employment policies have discriminated against the infected persons to the extent that they were unable to find or hold employment. On the other hand, a number of organizations employ infected persons under provisions that have proved satisfactory to employer and employee alike.

In order to assemble current authoritative information and to formulate basic principles applicable to a program of venereal disease control in industry, the Surgeon General has appointed an Advisory Committee to the United States Public Health Service.

Objectives of Venereal Disease Control Program in Industry

A. Medical and Public Health:

1. To find and refer for proper medical management all cases of venereal diseases among workers in industry.
   (a) To prevent the spread of venereal diseases through early and adequate treatment.
   (b) To prevent the development of late disabling manifestations by arresting progress of the disease through adequate treatment.
   (c) To bring contacts of infectious persons under medical observation.

2. To establish equitable policies for the employment of applicants and continuation of services of employees who have venereal diseases.
   (a) To assure adequate treatment by requiring that employment be made dependent on the presentation of satisfactory evidence by the employee that he is under proper medical management.

3. To coordinate the community and industrial venereal disease control programs.

B. Employee:

1. To improve the physical condition of employees.

2. To reduce the number of workdays lost through illness or injury.

3. To provide job placement in order that the services of individuals having syphilis or gonorrhea may be employed at work which they are physically capable of performing with profit to themselves and to their employer, and without risk to themselves, to fellow workers or to the public.

4. To prolong and increase the earning power of employees by increasing life expectancy.

C. Employer:

1. To reduce compensation costs.

2. To lessen work interruptions and labor turnover.

3. To enhance production by increasing the efficiency of workers.

4. To minimize those personnel problems which arise from syphilis and gonorrhea as causes of ill health and nervous instability.

Principles and Methods To Be Employed

Methods to be employed in carrying out a program of venereal disease control among industrial workers will vary according to the local situation. Consideration must be given to the facilities and services available from state and local health departments as well as to the size and number of industries in the area concerned.

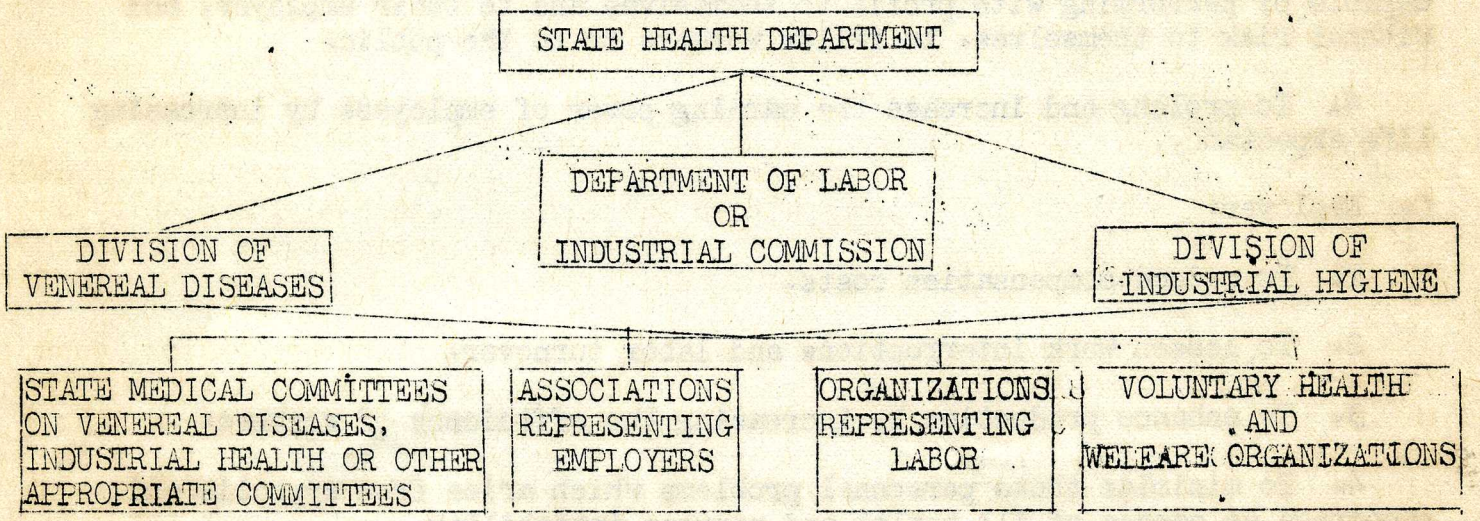
In formulating a venereal disease control program for industry, the committee recommends that certain agencies be consulted in order to assure agreement on all phases of fundamental policy. In order to effect such an understanding, officers charged with the responsibility of this program in state health departments are urged to discuss their plans with the following statewide agencies: (1) the state labor department, industrial commission or similar department of state government, (2) the industrial health, venereal disease or other appropriate committees of the state medical society, (3) the associations representing employers, (4) the labor organizations and (5) the appropriate voluntary health and welfare associations. These agencies constitute a lever for action as well as channels through which information can be distributed to a large and responsible section of the population.

An advisory committee to state health departments composed of representatives selected from the aforementioned agencies should be organized. Such a committee could render invaluable assistance and would give continuity to the statewide program.

Administration of the Program

Responsibility for the administration of the program should be shared by the industrial hygiene and venereal disease divisions of the state health department.

The industrial hygiene division of the state health department is familiar with the type and location of industries in the state, the number of persons employed and the relationship of labor organizations. The venereal disease division is familiar with the basic considerations in the general venereal disease control program that will be required for a program in industry.



Introductory phase in the development of a venereal disease control program in industry.

The industrial hygiene division should assume an active role in the preliminary phase of the program. Subsequently this division can render valuable assistance in persuading plants to adopt suitable control measures. This may be accomplished as a part of the division's regular activities concerned with special studies, surveys and other contacts with industry.

A consultation service to industry should be furnished by the venereal disease division, providing detailed information necessary for the inauguration of programs in plants. This consultation service should include recommendations for specific control measures, diagnostic laboratory procedures, treatment facilities, educational material, epidemiologic and case holding services and free drug service.

Educational Program

A venereal disease control program should not be inaugurated by an industry without a complete educational program. The homogenicity of the plant population will contribute to the success of an educational program, and many industries are equipped to undertake this responsibility with the assistance of state or local health departments.

The employee should be convinced that adequate treatment protects both his health and his ability to earn a living. He should be given a satisfactory general understanding of the venereal diseases, their cause, spread and cure. It is most appropriate that information about prophylaxis be included.

Employers should understand that not all cases of venereal disease are infectious and, further, that under proper treatment infected persons may be employed safely and profitably.

The only way in which both employer and employee can acquire such an understanding is through an educational program. It is best that this understanding be acquired prior to the introduction of venereal disease control measures.

It is important that the educational program be presented in an effective manner. The several mediums that are available should be carefully selected in accordance with their suitability under varying circumstances. These mediums include posters, folders, pamphlets, articles published in management and employee magazines and, in addition, the presentation of the subject by speakers and motion pictures. Pamphlets and folders for distribution may be kept in wall racks located in places frequented by workers; they may also be distributed after lectures and motion picture showings. Posters may be displayed effectively on bulletin boards placed in plants, union meeting rooms and other locations where employee assemblages are held.

The education of a relatively small group in a plant population, such as foremen and shop stewards, has been found successful in disseminating information to the total employee population. Most health departments have available motion picture films, literature, posters and so on and are familiar with technics that can be of material assistance to industry in conducting an educational program.

Examination

Health supervision of workers should include a careful history, physical examination, such special examinations as may be indicated, and laboratory tests. Included in the latter should be a serodiagnostic test for syphilis and, when indicated, a smear of culture for gonorrhea. In order that the venereal disease control program may be effective, preemployment examinations should be mandatory for all workers.

Many industries provide periodic physical examinations for their employees. The interval at which these examinations are performed will in many instances be dictated by the type of work involved. Some industries reexamine employees who are absent because of temporary layoff or illness. Laboratory tests for syphilis and gonorrhea should be made a part of the periodic, reemployment or "return from illness" physical examinations. When the interval between examinations is less than three months and no indication of infection exists, the tests need not be repeated. Under no circumstances should the interval between examinations be more than three years.

Examination Results Confidential

The laws of most states protect the confidential nature of venereal disease information as regards the individual. It is of utmost importance that the results of the medical examination be considered confidential between the worker and the medical staff. This provision, of course, does not exclude the physician to whom the worker is referred for treatment or the health authorities in states where reporting of venereal disease is legally required. Information should be furnished to others only on the consent of the individual concerned or, failing this, on legal advice.

The industrial medical staff has a responsibility to fulfil in safeguarding the interests of the industrial organization and the fellow workers of persons found to have a venereal disease. In fulfilling this responsibility they should make proper recommendations to the management as to the physical fitness of the employee for work. For appropriate action, such recommendations do not require detailed medical information.

When routine practice permits the usual clinical record to be kept in an open file available to nonmedical personnel, separate venereal disease forms should be employed and filed in the medical department for the use of the medical staff only.

Employment Policy

Many employers have thought that all persons with a venereal disease were infectious and should be denied employment or be discharged. When this policy is followed without due regard to what may be achieved through adequate treatment and careful case selection to eliminate those with serious disabling manifestations, the right to earn an income is unjustifiably denied.

There is no reason for denying employment to an applicant or for discharging an employee because an examination has revealed evidence of syphilis or gonorrhea, provided:

1. That the employee agree to place himself under competent medical management.

2. That, if the stage of the disease is infectious, employment should be delayed or interrupted until such time as a noninfectious state is established through treatment and open lesions are healed.[1]

1. The Subcommittee on Industrial Health and Medicine of the Health and Medical Committee of the Office of Defense Health and Welfare Services has established the following policy for determining employability of workers with clinical or serologic evidence of syphilis: "They should be free from infectious and contagious lesions, free from hazard to themselves and other persons, and should be required to show satisfactory evidence that they are continuing under competent anti-syphilitic treatment regularly."

3. That, when syphilis exists in a latent stage, employment should not be delayed or interrupted.

4. That, when disabling manifestations exist which would render such individuals industrial hazards to themselves, other employees or the public, employment may be deferred or denied.

5. That provision be made, whenever possible, for occupational readjustments of employees who develop disabling manifestations that do not incapacitate them from performing some type of useful work.

6. That workers with syphilis in any of its stages, and regardless of past or present treatment status, should be excluded from areas of toxic exposure, and that those having cardiovascular syphilis or neurosyphilis should not be exposed to such physiologic stresses as extremes of temperature, strenuous physical exertion or abnormal atmospheric pressure.

7. That workers with gonorrhea should be allowed to work only under special medical observation during the administration of sulfonamide drugs.

Conference for Persons Who Have Evidence of a Venereal Disease

The applicant or the employee whose examination reveals evidence of a venereal disease should be called to the industrial physician's office for a conference.

The worker whose infection is found to be communicable should be referred to his family physician or to a public clinic (for those who are unable to pay for private medical care) for confirmation of diagnosis and such treatment as may be indicated.

An applicant found to have a communicable venereal disease should be advised that he cannot be considered for employment until he has received the amount of treatment required to render him temporarily noninfectious. Under similar circumstances an employee should be told that his employment will be interrupted until such time as he has complied with the same requirements. Such persons should be further advised that future employment is dependent on their willingness to continue under medical supervision until such time as an adequate amount of treatment has been administered to arrest the progress of the disease and/or effect a "cure."

Then the examination of an applicant or employee shows evidence of a latent stage of the disease, especially syphilis, wherein the only evidence of infection is a positive serologic test, no delay in suitable employment is justified. The worker should be told of his condition and referred to his family physician or public clinic for reexamination. The provision of continued treatment is the same as previously described.

If the examination demonstrates a late manifestation of syphilis, such as cardiovascular syphilis or neuro-syphilis, the worker should be told of his condition and referred for reexamination and treatment to such medical sources as have been mentioned. The question of employing or retaining the services of such an individual will depend on the extent to which the pathologic changes have progressed, the availability of a job that the worker is physically capable of performing and the question of industrial hazard.

The conference at the industrial physician's office is an opportune time to inform the worker regarding the venereal diseases. In order that he may cooperate intelligently with the requirements of treatment in maintaining his employment status, it will be necessary that he understand in a general way something about the disease from which he is suffering. This may be explained to him by a suitable person on the medical staff and by literature which the patient can read at his leisure.

Follow-up

It will be helpful and subsequently save considerable confusion if the industrial physician will provide the worker with a letter directed to his physician, stating the circumstances of the examination, results, and what is expected of the worker as regards regularity of treatment, if he is to be employed. Whenever possible the plant physician should acquaint the worker with a reputable source for medical attention.

Should the worker be employed or his services continued, it is advisable that the industrial physician receive a record of treatment at about monthly intervals giving assurance that the patient is receiving appropriate medical attention.

In the event treatment is interrupted and the worker refuses to resume treatment, the industrial physician should notify the management that the employee is no longer fit for work. The names of such individuals should be turned over to the health department for appropriate action in bringing them back to treatment.

Morbidity Reports

As a rule, it devolves on the physician assuming the responsibility for diagnosis and treatment of patients with a venereal disease to submit case reports to the state or local health department. A primary function of the control program in industry is "case finding" and referral of persons with a venereal disease to competent sources for medical attention. Therefore it is the responsibility of the private physician or venereal disease clinic to submit such reports in most instances. However, in view of the urgent necessity of placing infectious syphilis and gonorrhea promptly under medical control, the plant physician making a tentative diagnosis of communicable syphilis or gonorrhea should without delay acquaint the appropriate health authority with the facts.

Printed and Published in the United States of America

Dr. Carl V. Reynolds moved the adoption of this section of the report. The motion was seconded by Dr. A. T. McCormack and was unanimously carried.

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